## **Inventory of Personal Property for Overnight Visits**

	Write-In Each Item	Quantity Sent with Individual	Quantity returned with Individual	Quantity Missing or Damaged	Balance	
1.			21101/10/01	2 mingen		
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
	Quantity Totals:					
Cor	wisit Departure			<u>Visit Comp</u>	<u>letion</u>	
Sig	nature of Staff Member		Signature o	Signature of Staff Member		
Dat	e		Date	Date		
Sig	nature of Person Respo	nsible for Individu	Signature o Residence	Signature of Person Returning Individual to the Residence		

Date

Date

